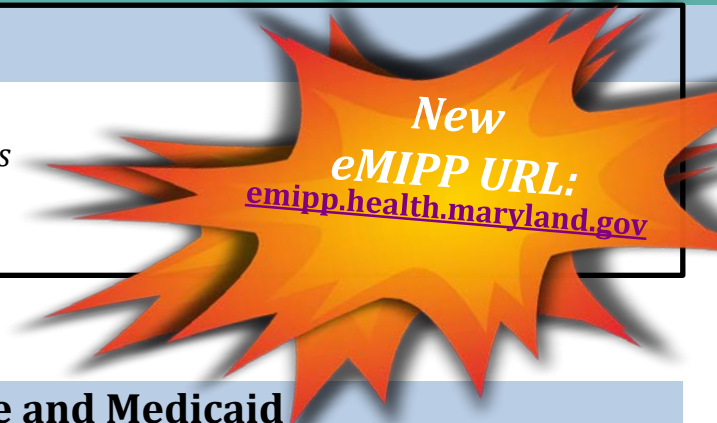


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Modifications to Medicare and Medicaid EHR Incentive Program Requirements

The Centers for Medicare & Medicaid Services (CMS) recently released the 2018 Inpatient Prospective Payment System (IPPS) / Long Term Acute Care Hospital (LTCH) PPS [Final Rule](#).

In the final IPPS rule, CMS modified the Medicare and Medicaid EHR Incentive Programs for Program Years 2017 and 2018, effective October 1, 2017. Maryland plans to update eMIPP with these rule changes in January of 2018.

Certified EHR Technology (CEHRT) Requirements

For EHR reporting periods in CY 2017 and 2018, health care providers may attest to the Modified Stage 2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT, as long as the EHR technology they possess can support the objectives and measures to which they plan to attest.

Providers in Program Year 2017 and 2018 may attest to Stage 3 objectives and measures with 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT as long as their EHR technology can support the functionalities, objectives and measures for Stage 3.

Meaningful Use (MU) Reporting Period

For Program Year 2018, the MU reporting period is a minimum of any continuous 90-day period during the Calendar Year (CY) 2018 for all participants attesting to CMS or their State Medicaid agency.

The EHR reporting period must occur between January 1, 2018 and December 31, 2018.

Please note that the MU reporting period for Program Year 2017 is any continuous 90-day period in CY 2017 for all participants.

Maryland is now accepting attestations for Program Year 2017 through March 31, 2018, for both EPs and EHs, however, IPPS final rule changes will not be implemented until January 2018.

To view more information about requirements for Program Years 2017 and 2018, please visit the CMS Meaningful Use [website](#).

Changes Specific to Eligible Professionals (EPs)

Program Year 2017



CQM Reporting Period

EPs may submit data for a minimum of 90 days during CY 2017, regardless of participation year and whether they report CQMs electronically or by attestation.

Providers that report CQMs electronically for the Medicaid EHR Incentive Program will be able to align their selected reporting period to their performance period under the Merit-Based Incentive Payment System (MIPS).

CQM Requirements

CMS has eliminated the requirement to report on CQMs across three of the six National Quality Strategy (NQS) domains. Medicaid EPs will report any six CQMs relevant to their scope of practice, regardless of whether they report by attestation or electronically and regardless of participation year.

CMS has aligned the specific CQMs available to EPs participating in the Medicaid EHR Incentive Program with the [53 eCQMs](#) available to clinicians participating in MIPS who submit electronic CQMs.*

**Please note providers may participate in both MIPS and the Medicaid EHR Incentive Program.*

Program Year 2018

CQM Requirements

CMS has not finalized the Program Year 2018 CQM reporting period or criteria for the Medicaid EHR Incentive Program.

CMS is finalizing an application process for a one-time hardship exception to the Medicare EHR Incentive Program for certain EPs in 2017 who are transitioning to MIPS.

EPs demonstrating Meaningful Use for the first time in Program Year 2017 must attest by October 1, 2017 in order to avoid Medicare payment adjustments in Calendar Year 2018.

For more information, please visit the [CMS Payment Adjustments & Hardship Information webpage](#).

Changes Specific to Eligible Hospitals (EHs) & Critical Access Hospitals (CAHs)

CQM Reporting Period

EHs/CAHs reporting CQMs electronically are required to submit data for one self-selected calendar quarter during CY 2017, regardless of participation year.

EHs/CAHs reporting CQMs by attestation that are demonstrating meaningful use for the first time are required to report CQMs for any continuous 90-day period within CY 2017.

EHs/CAHs reporting CQMs by attestation that have previously demonstrated meaningful use must submit CQM data for the entire CY 2017.

Program Year 2017

CQM Requirements

EHs/CAHs reporting electronically are required to report on any 4 CQMs, regardless of participation year.

EHs/CAHs reporting CQMs by attestation must report on all 16 available CQMs, regardless of participation year.

Program Year 2018

CQM Reporting Period

EHs/CAHs reporting CQMs electronically are required to submit data for one self-selected calendar quarter during CY 2018, regardless of participation year.

EHs/CAHs reporting CQMs by attestation that are demonstrating meaningful use for the first time are required to report CQMs for any continuous 90-day period within CY 2018.

EHs/CAHs reporting CQMs by attestation that have previously demonstrated meaningful use must submit CQM data for the entire CY 2018.



CQM Requirements

EHs/CAHs reporting CQMs electronically are required to report on any 4 CQMs, regardless of participation year.

EHs/CAHs reporting CQMs by attestation must report on all 16 available CQMs, regardless of participation year.

Program Year 2017 Reminders

Supporting Documentation

MDH must review supporting documentation before approving EHR Incentive Program attestations. Before submitting your attestation, please upload the following documents in the Upload Documents section in eMIPP:

- The report from your EHR showing the numerators and denominators for each reported MU measure and CQM for your selected reporting period.
- The security risk assessment your organization conducted for the Program Year.
- Screenshots that show the clinical decision support (CDS) and drug-drug/allergy check functionality settings and alerts from your EHR system.

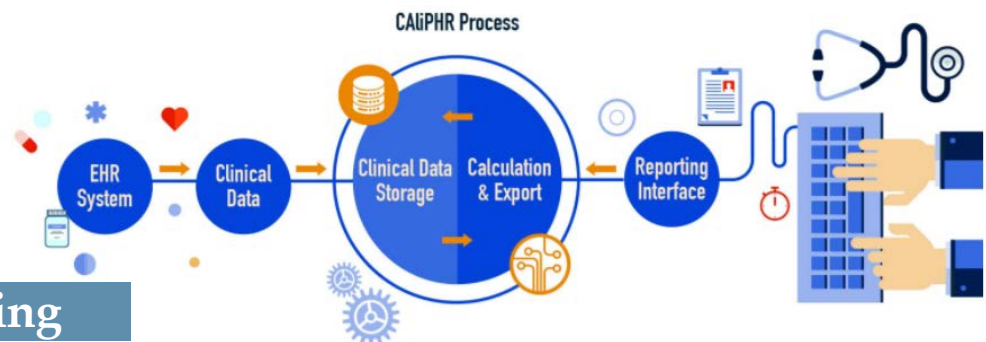
CAIiPHR

If you have questions or concerns, please contact our Meaningful Use Support team at CRISP at support@crisphealth.org or call 877-952-7477.

CAIiPHR enables Medicaid EHR Incentive Program participants to report CQMs electronically in eMIPP. This one-click electronic CQM reporting option eliminates the burden of attesting to CQMs by manually entering CQM numerators and denominators.

Participants are encouraged to integrate with CRISP and utilize the CAIiPHR tool as CMS moves toward requiring electronic submission of CQMs. Additionally, CRISP may be able to offer additional funding to offset your onboarding cost through their Data Exchange Support Program (DESP).

Providers interested in electronically reporting CQMs with CAIiPHR should contact kai-yun.kao@crisphealth.org to initiate setup.



Public Health Reporting

Before attesting for Program Year 2017, please be sure to sign into the Public Health Reporting Portal to verify your practice's/facility's information at <http://phdataportal.health.maryland.gov/>

Providers may use the portal to view/update their registrations, add new measures, view/download letters, etc.

Please note MDH only issues letters for exclusions and these three Active Engagement options:

- Registration
- Testing
- Production

The letters are valid for the life of the program, and are not generated every year. MDH does not generate ongoing submission letters. Please have auditors with questions about public health letters contact our staff at mdh.mu_ph@maryland.gov.